10/009919 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TAL D. TOTAL TAL TOTAL DEP.

0-1360 (3-78)

SERIAL NO.

FILING DATE